

<div style="font-size: 2em; font-weight: bold; margin-right: 10px;">B</div> <div>CLAIMS ONLY</div>							Application Number <div style="font-size: 1.5em; font-weight: bold;">19/008810</div>		Filing Date 	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep										
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Total Claims										

CLAIMS	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep	2					
Total Depend	33					
Total Claims	35					